

FUNDING AND SPECIAL PROGRAMS

DIOCESE OF WAGGA WAGGA

Funding and Special Programs

Students who have a disability or an extra support/learning need may be eligible for one of the following types of funding or program.

- Student with Disability Funding
- Bridging Funding P.8
- Language Class P.9

Student with Disability Funding

In order for schools to access State and Federal Funding, students must meet the requirements of the Department of Education and Training and Youth Affairs.

The criteria for the funding of Students with Disabilities must be applied, when determining student's categorizations for the Commonwealth and State Census of Schools and must have been approved by the Diocesan Funding Committee, as meeting the strict criteria guidelines to receive Student with Disability Funding.

Student with Disability Funding is allocated yearly with applications for the following year closing in October of the current year.

Student Eligibility for Students with Disability Funding (SWD).

- The student must have an intellectual, sensory, physical, social/emotional, communication or multiple disability.
- More information on the disability categories are listed below.
- The student must have been formally assessed. These assessments must have been done by the relevant personal. For example, only a medical practitioner is able to diagnose a physical or sensory loss. Only an educational Psychologist/School Counselor or Guidance Officer is able to diagnose an intellectual disability.
- The degree of disability must be sufficient to satisfy the criteria for enrolment in government special education programs in this State.
- The Student must be receiving a special education service or program in respect of the disability.
- The SWD Funding is allocated according to need and how the disability impacts on access to curriculum or access to the school site.

The special education program may take the form of:

- A individual education program designed to meet the students needs
- Therapy from Psychologists or Counselors
- In class support from a Special Needs Teacher Assistant
- Withdrawal from class for the purpose of disability related therapy, e.g. Speech Lessons, Occupational Therapy etc.
- Significant adjustments to the classroom environment
- Special Classes such as the Diocesan Language Classes

All students who meet criteria require an:

- Individual Education Plan and/or
- Individual Transition Plan and/or
- Individual Health Plan and/or
- Individual Behaviour Plan and/or
- Individual Access Plan

Some students will require one plan, while other will require plans that cover a number of areas.

Special Considerations

On the rare occasion where there is evidence that the student has a significant disorder or malfunction that is not adequately described by one or more of the criteria and the condition is impacting greatly on the student's educational outcomes, the Diocesan Funding Committee will consider all the available documentation and make a determination on a case by case basis.

The following students are not classified as eligible for Students with Disabilities Funding:

- A student whose only impairment is a specific learning difficulty/disability only.
- A student with a behaviour difficulty.
- Full-fee paying overseas students even though they are within the definition of a SWD (Service provision costs must be included in the student's tuition fee.)
- Students diagnosed with ADD / ADHD

Disability Categories and Funding. (SWD)

The only disabilities for which applications can be made for Students with Disability Funding (SWD) are as follows:

Intellectual / Cognitive Disability

Students with an intellectual disability are identified by means of psychometric assessment on tests of cognitive functioning such as the WISC III / IV or the Stanford Binet.

Mild Disability	IQ 55 - 75
Moderate Disability	IQ 35 - 54
Severe Disability	IQ 34 and below

Students with mild and moderate intellectual disability are educated in the regular classroom setting with assistance from their teachers, teacher assistants and student support staff.

In special circumstances it may be necessary to seek alternate placement for students with intellectual disabilities whose needs may not be best met in the regular classroom setting.

Mental Health

These students are identified by a formal assessment by a Psychiatrist or a Psychologist. In general, they are students whose learning is significantly and adversely affected by their behaviour or emotional state.

Autistic Spectrum Disorder (ASD)

Autistic Spectrum Disorder (ASD) applies to conditions that are referred to in the literature as Pervasive Developmental Disorders. Included in the range are Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Aspergers Disorder and Pervasive Developmental Disorder not otherwise specified.

Autism is a developmental disability, that affects how a child learns to understand and use language and to interact with people and the environment. It is a life-long disability with symptoms often present from birth or shortly afterwards. Age at which diagnosis occurs fluctuates dramatically from individual to individual. Approximately 1/3 of the ASD population present with an intellectual impairment

Autism is characterised by disturbances of development in four essential areas:

1. In the child's development of language concepts and the ability to communicate non-verbally or verbally.
2. In the child's capacity to appropriately relate to people, events and objects.
3. Disturbances of sensory stimuli.
4. Disturbances of development rates and sequences.

At present there are no medical or psychological tests to determine the presence of autism. A diagnosis of autism is based on the presence of a cluster of observable deficits or delays in the above four categories.

Diagnosis of autism is best made by an interdisciplinary team which could include a doctor, paediatrician, speech pathologist, special education teacher

Physical Disability

A physical impairment interferes in some way, with the ability to move or coordinate movement. There is a broad continuum of physical impairment ranging from mild to severe. Students with a mild impairment may be able to walk independently and do their peers do. However they may take a little longer to complete tasks, have problems with coordination or difficulties with fine motor skills. Students with severe impairment may require much more assistance to enable them to move, and have difficulty with communication and self help skills.

Physical impairment has a variety of causes and resents differently in each case, even when two students have the same condition.

There are many physical disabilities, some of the causes are:

- damage to the central nervous system (brain, spinal cord or the nerves that run from the spinal cord)
- malformations present at birth
- disease
- genetic disorders
- syndromes
- accidents which result in brain injury, spinal injury, loss of limbs or severe burns.

Some students are born with a physical impairment while others follow a normal pattern of development until impairment is acquired. Another factor to consider is that some conditions are progressive (they become more severe over time), while others are non-progressive (the impairment does not change, although the effects of it may be different over time).

There are many conditions that result in a physical impairment. Some of the more common ones are:

- cerebral palsy
- spina bifida
- muscular dystrophy
- arthritis
- osteogenesis (brittle bones)
- congenital malformation of the limbs
- acquired brain injury

Vision Impairment

The term vision impairment is used to describe any diagnosable condition of the eye or visual system which results in reduced visual functioning for learning.

Disease, damage or injury causing a vision impairment can occur to any part of the visual system, i.e. the eye, the visual pathway to the brain or the visual centre of the brain.

A vision impairment can:

- be present at birth
- occur at any time from disease or accident
- be part of a medical condition or syndrome. Most visual conditions in children are stable and vision remains relatively unchanged. Some conditions, however, are progressive, resulting in reduced vision over varying periods.

Common causes of low vision are:

- albinism
- cataracts
- high myopia
- optic atrophy
- retinitis pigmentosa
- macula degeneration

Communication/Language Disorder

These students present with a range of speech and language disorders which inhibit effective communication. Problems may include difficulty understanding and using language, speech sound production problems, stuttering and voice disorders.

A Speech-Language impairment

- is a loss or abnormality of specific parts and functions of the brain or body used for processing and producing speech and language
- is not caused by any other type of impairment (such as hearing impairment, intellectual impairment, or vision impairment), even though other impairments may be present in the person
- is not caused by factors external to the person (such as lack of experience, or mismatch between the language used at home and the language used at school) even though such external factors may exist for the person
- causes a communication disability

Five areas which are affected by a speech-language impairment are:

- speech production
- speech processing
- language production
- language processing
- language use

These students are identified using a formal assessment such as CELF 4 done by a speech/language pathologist.

Hearing Impairment

A hearing impairment can be due to malfunction in any of the three major parts of the auditory system. Depending on which of these parts is involved, the loss is described as conductive, sensori-neural or mixed.

Conductive Hearing Loss

This type of loss is caused by any blockage, malformation or damage in the external and/or middle ear. It affects the quantity of sound conducted through the middle ear and received by the inner ear.

Common causes of a conductive loss are:

- Blockage of the ear canal by impacted wax or a foreign object
- Infection of the ear canal
- Perforated eardrum
- Eustachian tube dysfunction
- Otitis Media - Glue ear
- Malformation or absence of one or more of the bones of the middle ear
- Congenital partial or complete closure (atresia) of the ear canal
- Otitosclerosis
- Cranio-facial abnormalities, e.g. Down Syndrome, Treacher Collins Syndrome
- Malformation or absence of the pinna

The degree of hearing loss from this cause varies, however, the maximum loss that is possible from a purely conductive cause is approximately 60dB.

Sensori-Neural Hearing Loss

This type of loss results from damage to, or malfunction of the cochlea or the auditory nerve. This affects not only the quantity of sound received but also the quality of sound received, and may be either congenital (present at birth) or acquired.

Common causes of congenital sensori-neural loss are:

- Hereditary defects including certain syndromes (Mondini, Ushers)
- Damage to the foetus as a result of the mother coming in contact with certain virus, e.g. Rubella (German Measles) or Cytomegalovirus (CMV)
- Prematurity, lack of oxygen at birth or other birth traumas
- Jaundice, particularly when severe enough to require a blood transfusion
- Common causes of acquired sensori-neural loss are:
 - Meningitis
 - Mumps, Measles, Encephalitis
 - Presbycusis (ageing)
 - Noise
 - Brain Injury
 - Ototoxic drugs
 - Late onset genetic deafness
 - Stroke

The degree of loss associated with a sensori-neural hearing loss can range from mild to profound.

Mixed Hearing Loss

This occurs when there is sensori-neural damage combined with middle ear dysfunction which reduces the quantity of sound received by an already malfunctioning inner ear.

Self Help

For all students to participate with dignity in the school setting and to develop independence, it is essential that individual programs are in place to develop or extend independence in personal care with advice from health and allied health professional such:

- Doctors
- Paediatricians
- Physiotherapists
- Occupational Therapists
- Incontinence Nurses, etc.

These reports can not be older than two years and should indicate the level of support required for hygiene, diet and the management of a health care procedure, where applicable.

These students may require assistance in personal hygiene routines such as:

- Toileting procedures
- Management of colostomy and ileostomy pouches

- Care of stomas such as with tracheostomy
- Enteral tube feeding
- Showering and bathing
- Menstruation self management

A detailed health care plan and emergency plan must be in place for all these students.

Bridging Funding

Bridging Funding is intended for students with identified support needs where:

- Students are enrolled after the yearly funding round has closed
- A funded student's level of need has changed and more assistance is required.
- School based interventions and programs have been in place and Special Services in consultation with other support agencies have recommended that extra assistance is required.

These applications need to be completed and forwarded with relevant and current documentation to the Deanery Education Officer their signature and approval. The Education Officer will then forward the application on to the Service Leader Learning Support Services

This funding is intended to be short term and is for students who meet the Level 3 or 4 of Funding Criteria.

Diocesan Language Classes:

As a result of the success of the trial for the Language Classes in the MIA in 2005 the Project has been expanded to include schools in the Wagga and Albury Deaneries.

St Patrick's Griffith, St Joseph's Leeton and St Joseph's Narrandera will be continuing with the classes.

Purpose of the Language Classes:

To provide explicit teaching to improve children's acquisition of the Talking and Listening outcomes from the English K-6 Syllabus.

Target Group:

Those children who are eligible for SWD Funding for Language.

1. Their eligibility is determined by their scores on the CELF 4 administered by a qualified Speech Therapist.
2. Children who have just missed out on eligibility as a result of scores obtained from a CELF administered by a qualified Speech Therapist. CELF 4 Screener administered and scored by a trained Education Officer may also provide eligibility.
3. Children with significant articulation disorders
4. Children with severe phonological disorders are eligible for the class but every effort is to be made for access to on going speech therapy.

Selection of Students not in the above categories:

Those schools that have already nominated to take part in the Program will have made decisions about which language funded students will be part of the class.

There will be a number of students nominated by classroom teachers using their knowledge of the children as well as the KAT Kit with classes to indicate difficulties with:

- Phonemic awareness
- Phonological Memory

- Auditory Discrimination
- Articulation
- Traditional Stories & Rhymes
- Alphabet Knowledge

Students who are showing delays in achieving the outcomes of the Talking and Listening and Reading and Writing Outcomes of the NSW English Syllabus

Children are withdrawn from their home class for 3 x 45 minute sessions per week in Terms 2 and 3. The children are taught in a group of no more than 6 with a Language Class Teacher who has had training from CSO staff and Speech Pathologist. The class has regular input and guidance from the speech pathologist.